



State of Maine
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 BOARD OF LICENSURE OF WATER SYSTEM OPERATORS
 11 State House Station
 Augusta, Maine 04333-0011
 TEL: (207) 287-5699 FAX: (207) 287-4172 TTY: (207) 287-5550

**Application for Licensure of
 Water Treatment and Distribution System Operators**

Instructions - Please read carefully before completing this Application.

1. Applications for examination must be postmarked no later than the application deadline set by the Board (Approximately 45 days prior to the examination date). Applications postmarked after that time will be returned.
2. Complete all requested information neatly. Incomplete or illegible forms will be returned.
3. Refer to the Rules Relating to the Licensure of Water Treatment Plant and Distribution System Operators (Rules) for general information and specific requirements for each classification level. www.medwp.com
4. **EXAM OPTIONS:** The sequential exams are 100 questions in length for each classification. Operators must pass each level of exam separately before earning the next higher classification. The direct entry exam option consists of the same 100 questions per exam for each classification *plus* additional questions from each lower exam. Operators may apply for the highest classification given work experience, with no prerequisite exam required. The Very Small Water System exam is 50 questions in length. Sequential and direct entry exams are equal in price per exam. Time allowed for exam completion varies with the number of questions per exam.
5. Any person holding a valid license or certificate in another state or country may apply for "Reciprocity" and be issued a Maine license in a comparable classification without examination. The education and experience requirements must meet Maine requirements.
6. Show all dates as month and year (example 10/02).
7. Additional information may be submitted on 8 ½ x 11 paper.
8. **EDUCATION:** For additional education credit beyond high school, show all education related to water treatment and distribution and related fields. If no degree or certificate was issued, attach transcripts of courses completed.
9. **EXPERIENCE:** List most recent employment first. Qualifying experience includes actual work at a public water system or related disciplines. See the Rules referred to in instruction #3 for details. Be sure to describe exactly what your duties and responsibilities were in each position.
10. Please be sure that your application is **notarized** and that the fee is enclosed before submitting it. **A fee of \$50.00 for each examination requested must accompany each application.** *Make checks or money orders payable to: **Treasurer, State of Maine.***
11. Beginning January 2003, operators working at water systems with a population under 3,300 persons, may have the \$50.00 examination fee waived for up to three exams. The three exams do not have to be taken at the same time. Call the Board Clerk at the phone number above with eligibility questions. The fee waiver program expires in October 2008.

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Application for Licensure of Water Treatment and Distribution System Operators

Complete all requested information neatly. Incomplete or illegible forms will be returned.

Date of Application _____

I _____ do hereby apply for licensure as a Water System
(Print Name in full - as to appear on license) Operator in the State of Maine under 90 - 429 CMR 1.

General Information

Mailing Address: (Street) _____		(City/Town) _____		(State) _____		(Zip) _____	
Telephone: _____				Social Security Number: _____			
Name of Public Water System(s) Employed by: _____						Business Telephone: _____	
Business Mailing Address: (Street) _____		(City/Town) _____		(State) _____		(Zip) _____	
Address for sending License and notices: <input type="checkbox"/> Home <input type="checkbox"/> Business							
Are you currently licensed as a water operator in Maine? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If yes: License No. _____ Classification _____ Expiration Date: _____							

Examination

License status requested (check one): <input type="checkbox"/> Operator-In-Training <input type="checkbox"/> Standard License							
<i>Please choose one examination option below. Refer to the instructions on page 1 for option descriptions.</i>							
<input type="checkbox"/> Sequential Examination option (100 questions each):							
Drinking Water Treatment				Drinking Water Distribution			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> Direct Entry Examination option:							
Very Small Water System	Drinking Water Treatment				Drinking Water Distribution		
<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
50 questions	100 questions	120 questions	150 questions	180 questions	100 questions	120 questions	150 questions
					<input type="checkbox"/> 4		180 questions

Cost: Number of Exams _____ x \$50.00 each = _____ Check here if eligible for fee waiver. ☐
(Fee waived for eligible operators. See Instructions on page 1)

Examination date and location requested: _____

Board Use Only		
Payment received:	Ck # _____	Date: _____

License requested by reciprocity:

State _____ License Expiration _____ Cost: \$50.00

License or Certificate Number

High School Education:

Name of Institution

Year of Graduation

Town or City _____ State _____

Name & Address of Institution	Dates Attended		Degree and Date of Degree	Give Major, or give major courses taken, or describe nature of courses.
	From	To		

[illegible]

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